

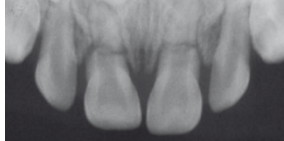




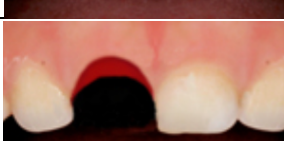


Primary Tooth Trauma Guidelines*

- Review med hx, rule out traumatic brain injury (loss of consciousness, nausea, headache, etc.)
- Tetanus booster needed if dirty wound and >5 yrs. since vaccine
- Take PA radiograph of all traumatized teeth
- Take PAN if suspect alveolar or condylar fracture (if displaced alveolar fx or condylar fx found, refer to oral surgeon)
- Take soft tissue radiograph if soft tissue injury and concern for foreign body (i.e. embedded tooth fragment)

Injury	Image	Treatment	Follow-up
Uncomplicated Crown Fracture (enamel +/- dentin)		-If uncooperative, monitor or smooth rough edges -If possible, cover exposed dentin w/ GI followed by composite flowable	4 weeks: C
Complicated Crown Fracture (pulp exposure)		-If uncooperative, extraction -If possible, preserve pulp w/ partial CaOH pulpotomy followed by full coverage restoration	1 week: C 6 weeks: C + R 1 year: C + R
Root Fracture (take eccentric PA radiograph to detect)		-If in coronal third of tooth and class III mobility, consider splinting 4 weeks; if uncooperative extract -If middle or apical third of tooth, monitor	1 week: C 6 weeks: C (not needed if ext) 1 year: C + R
Subluxation (nondisplaced tooth, mobility, sulcular bleeding)		-Monitor	1 week: C 6 weeks: C + R 6 months: C + R 1 year: C + R
Lateral Luxation (if crown displaced lingually, then root likely away from perm tooth bud)		-If no occlusal interference, monitor and allow spontaneous repositioning -If minor occ. interference, selective enameloplasty -If severe occlusal interference, reposition or extraction	1 week: C 6 weeks: C + R 1 year: C + R
Extrusion (displacement axially from socket)		-If minor extrusion (< 3mm), reposition -If severe extrusion (≥ 3mm), extract	1 week: C 6 weeks: C + R (not needed if ext) 6 months: C + R 1 year: C + R
Intrusion (likely to cause damage to perm tooth bud)		-If apex intruded toward permanent tooth (primary tooth appears elongated on PA), extract -If apex intruded away from permanent tooth (primary tooth appears shorter on PA), monitor for spontaneous eruption	1 week: C 4 weeks: C + R 8 weeks: C 6 months: C + R 1 year: C + R
Avulsion (likely to cause damage to perm tooth bud)		-Take PA to confirm teeth were not intruded -Do not re-implant -Confirm that patient did not aspirate tooth	1 week: C 6 months: C + R 1 year: C + R

C= clinical exam









R= radiographic exam

*Adapted from the IADT Guidelines, for more detailed information:
www.iadt-dentaltrauma.org

- Post-op instructions
 - Gentle but thorough oral hygiene in affected area
 - Soft food diet for 10 days
 - Alcohol-free chlorohexidine rinse for 10 days if soft tissue damage (dab area with Q-tip if unable to swish and spit)
 - Inform parents that tooth may darken, possible permanent tooth damage (esp. if < 3 yrs. old, avulsion, or intrusion), and ask to monitor for S/S of pulpal necrosis
 - Should pulpal necrosis occur, extraction is indicated
- Dr. Gina Spangler, Dr. Gail Rohlfing, Dr. Kate Lambert, and Dr. Kelly Lipp are always available to discuss trauma cases, do not hesitate to call! We also schedule same-day appointments for trauma examinations: (336)768-1332

Permanent Tooth Trauma Guidelines*

- Review med hx, rule out traumatic brain injury (loss of consciousness, nausea, headache, etc.)
- Tetanus booster needed if dirty wound and >5 yrs. since vaccine
- Take PA radiograph of all traumatized teeth
- Take PAN if suspect alveolar or condylar fracture (if displaced alveolar fx or condylar fx found, refer to oral surgeon)
- Take soft tissue radiograph if soft tissue injury and concern for foreign body (i.e. embedded tooth fragment)

Injury	Image	Treatment	Follow-up
Uncomplicated Crown Fracture (enamel +/- dentin)		-If tooth fragment available and approximates well, can be bonded to tooth -Otherwise, provisional tx by covering dentin with GI or permanent composite resin restoration	6 weeks: C + R 1 year: C + R
Complicated Crown Fracture (pulp exposure)		-If immature apex, preserve pulp vitality with direct pulp cap or Cvek partial pulpotomy with CaOH -If mature apex, root canal treatment (or can attempt to preserve vitality with direct pulp cap or Cvek)	6 weeks: C + R 1 year: C + R
Root Fracture (take eccentric PA radiograph to detect)		-If displaced or mobile, reposition and splint -If fx in middle or apical third, splint 4 weeks -If fx in the coronal third, splint up to 4 months -If pulpal necrosis occurs, RCT in coronal segment	4 weeks: C + R 8 weeks: C + R 4 mos: C + R 6 mos; 1 year: C + R
Subluxation (nondisplaced tooth, mobility, sulcular bleeding)		-Monitor -Flexible splint may be used for comfort for 2 weeks -If pulpal necrosis occurs, RCT	2 weeks: C + R 4 weeks: C + R 8 weeks: C + R 6 mos; 1 year: C + R
Lateral Luxation (buccal or lingual displacement)		-Reposition and splint for 4 weeks -If pulpal necrosis occurs, or no response to vitality testing in 3 months, RCT	2 weeks: C + R 4 weeks: C + R 8 weeks: C + R 1 year: C + R
Extrusion (displacement axially from socket)		-Reposition and splint for 2 weeks -If pulpal necrosis occurs, RCT	2 weeks: C + R 4 weeks: C + R 8 weeks: C + R 6 mos; 1 year: C + R
Intrusion (displacement of tooth into alveolar bone)		-If immature apex and intruded < 7mm, allow self-eruption (if no mvmt in 4 weeks, ortho repositioning) -If immature apex and intruded ≥ 7mm, surgical or ortho repositioning -If mature apex and intruded < 3mm, self-eruption -If mature apex and intruded 3-6 mm, ortho repo -If mature apex and intruded ≥ 7mm, surgical repo (if no mvmt in 4 weeks, ortho repo) -Once intruded tooth is repositioned, splint 4 weeks	2 weeks: C + R 4 weeks: C + R 8 weeks: C + R 6 mos; 1 year: C + R
Avulsion (complete displacement of tooth from socket)		-Have patient replant ASAP -If unable to replant, store in cold milk -If extraoral (EO) dry time < 60 min, re-implant and splint 2 weeks -If EO dry time > 60 min, gently remove PDL with gauze, re-implant, and splint 4 weeks -If closed apex, initiate RCT within 1 week -Rx antibiotics 7 days (pen VK or doxycycline)	1 week: C 4 weeks: C + R 1 month: C + R 3 months: C + R 6 mos; 1 year: C + R

C= clinical exam R= radiographic exam

*Adapted from the IADT Guidelines, for more detailed information:

www.iadt-dentaltrauma.org

- Post op instructions:
 - Gentle but thorough oral hygiene in affected area
 - Soft food diet for 10 days
 - Alcohol-free chlorohexidine rinse for 10 days if soft tissue damage
 - Inform pt and parent that tooth may require endodontic treatment in future, and ask to monitor for S/S of pulpal necrosis
 - Should pulpal necrosis occur, root canal treatment is indicated
- **Dr. Gina Spangler, Dr. Gail Rohlfing, Dr. Kate Lambert, and Dr. Kelly Lipp are always available to discuss trauma cases, do not hesitate to call! We also schedule same-day appointments for trauma examinations: (336)768-1332**